

^{*} As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD FOR EVALUATING THE EFFICACY OF CERTAIN CANCER TREATMENTS the specification of which was filed on January 28, 2004 as United States Application Number 10/765,568.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Numbers	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Co	opy Attached? NO

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)
	01-28-2003

I or we hereby appoint the registered practitioner(s) associated with Customer No. 6449 to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 6449.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: [] A petition has been filed for this unsigned inventor Given Name Family Name (first and middle [if any]) Esther H. or Surname Chang Inventor's Signature Date Residence: City **Potomac** State MD Country U.S. Citizenship U.S. Mailing Address 10244 Democracy Blvd. Mailing Address State MD City **Potomac** Zip 20854 Country U.S. NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor [] Kathleen F. Family Name Given Name Pirollo (first and middle [if any]) or Surname Inventor's Signature Date 7/7/04 Kata 7. Pur Residence: City Rockville State MD Country U.S. Citizenship U.S. Mailing Address 547 Anderson Ave. Mailing Address State MD Zip 20850 City Rockville Country U.S. NAME OF THIRD INVENTOR: [] A petition has been filed for this unsigned inventor Given Name Antonina S. Family Name Rait or Surname (first and middle [if any]) Inventor's Signature Date 7/8/04 A Pasin Residence: City Rockville State MD Country U.S. Citizenship Russia Mailing Address 4838 Cloister Dr. Mailing Address Rockville State MD City Zip 20852 Country U.S.